

## INSTRUCTIONS FOR FILING A PROOF OF CLAIM FORM

If you have a claim against The Home Insurance Company or any of its former subsidiaries\* ("The Home"), or believe that you might have a claim against The Home now or in the future, or if you have a claim but the amount is presently uncertain, **you must complete and submit the attached Proof of Claim form**. Filing a Proof of Claim is the only way you can preserve your right to payment.

Claims must be submitted by the date established by the Court (the "claim filing deadline"). After the claim filing deadline, the Liquidator will review and determine the priority of each timely filed Proof of Claim. If additional information is needed to determine the amount and priority of your claim, the Liquidator will contact the claimant. The Liquidator will then determine the extent to which the claims can be paid from the assets of The Home. Under New Hampshire law, all claims in a higher priority status must be paid in full before any claims in a lower priority status may be paid. Late filed claims may be paid, but they will receive a lower priority. ***It is very important to submit your claim before the claim filing deadline. If you do not file your Proof of Claim before the claim filing deadline, your claim will likely not be paid.***

### THE CLAIM FILING DEADLINE FOR CLAIMS AGAINST THE HOME IS JUNE 13, 2004.

Please complete the Proof of Claim Form in its entirety based on all available information. The enclosed Proof of Claim form can be photocopied or downloaded from the New Hampshire Insurance Department website: [www.state.nh.us/insurance](http://www.state.nh.us/insurance). If information is not available, such as the exact amount of the claim, please indicate that on the form. Claims involving multiple transactions or occurrences or policies should be submitted on a single Proof of Claim Form, and all required supporting documentation for each transaction or occurrence should be attached. Although you should submit your Proof of Claim for the full amount, please note that New Hampshire law generally requires that the first \$50 of the amount allowed on each Proof of Claim must be deducted from the claim. The Liquidator will apply this deductible when she approves a Proof of Claim.

Mail your complete Proof of Claim form, together with the required documentation, to:

The Home Insurance Company In Liquidation  
P.O. Box 1720  
Manchester, New Hampshire 03105-1720

Do not send the Proof of Claim to the Court.

If you have any questions about this process or about how to fill out the Proof of Claim Form, please call 1-800-347-0014 during regular business hours (Monday-Friday, 8-5).

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\* The Home Indemnity Company, The Home Insurance Company of Indiana, City Insurance Company, Home Lloyds Insurance Company of Texas, The Home Insurance Company of Illinois, and The Home Insurance Company of Wisconsin.

## PROOF OF CLAIM

**The Home Insurance Company,**

Merrimack County Superior Court, State of New Hampshire 03-E-0106

Read Carefully Before Completing This Form

Please print or type

FOR LIQUIDATOR USE ONLY

DATE PROOF OF  
CLAIM RECEIVED**The Deadline for Filing this Form is June 13, 2004.**

You should file this Proof of Claim form if you have an actual or potential claim against The Home Insurance Company of any of its former subsidiaries\* ("The Home") even if the amount of the claim is presently uncertain. To have your claim considered by the Liquidator, this Proof of Claim must be postmarked no later than June 13, 2004. Failure to timely return this completed form will likely result in the **DENIAL OF YOUR CLAIM**. You are advised to retain a copy of this completed form for your records.

1. Claimant's Name: \_\_\_\_\_
2. Claimant's Address: \_\_\_\_\_  
\_\_\_\_\_
3. Claimant's Telephone Number: (\_\_\_\_) \_\_\_\_\_  
Fax Number: (\_\_\_\_) \_\_\_\_\_  
Email address: \_\_\_\_\_
4. Claimant's Social Security Number, Tax ID Number or Employer ID Number: \_\_\_\_\_
5. Claim is submitted by (check one):
  - a) ☐ Policyholder or former policyholder
  - b) ☐ Third Party Claimant making a claim against a person insured by The Home
  - c) ☐ Employee or former employee
  - d) ☐ Broker or Agent
  - e) ☐ General Creditor, Reinsurer, or Reinsured
  - f) ☐ State or Local Government Entity
  - g) ☐ Other; describe: \_\_\_\_\_

*If your name, address, e-mail address, or telephone number set forth above are incorrect, or if they change, you must notify the Liquidator so she can advise you of new information.*

Describe in detail the nature of your claim. You may attach a separate page if desired. **Attach relevant documentation** in support of your claim, such as copies of outstanding invoices, contracts, or other supporting documentation.

6. Indicate the total dollar amount of your claim. If the amount of your claim is unknown, write the word "unknown", BUT be sure to attach sufficient documentation to allow for determination of the claim amount.

\$\_\_\_\_\_ (if amount is unknown, write the word "unknown").

7. If you have any security backing up your claim, describe the nature and amount of such security. Attach relevant documentation.

8. If The Home has made any payments towards the amount of the claim, describe the amount of such payments and the dates paid: \_\_\_\_\_

9. Is there any setoff, counterclaim, or other defense which should be deducted by The Home from your claim?

10. Do you claim a priority for your claim? If so, why: \_\_\_\_\_

11. Print the name, address and telephone number of the person who has completed this form.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_  
Email address: \_\_\_\_\_

\* The Home Indemnity Company, The Home Insurance Company of Indiana, City Insurance Company, Home Lloyds Insurance Company of Texas, The Home Insurance Company of Illinois, and The Home Insurance Company of Wisconsin.

12. If represented by legal counsel, please supply the following information:

a. Name of attorney: \_\_\_\_\_  
 b. Name of law firm: \_\_\_\_\_  
 c. Address of law firm: \_\_\_\_\_  
 d. Attorney's telephone: \_\_\_\_\_  
 e. Attorney's fax number: \_\_\_\_\_  
 f. Attorney's email address: \_\_\_\_\_

13. If using a judgment against The Home as the basis for this claim:

a. Amount of judgment \_\_\_\_\_  
 b. Date of judgment \_\_\_\_\_  
 c. Name of case \_\_\_\_\_  
 d. Name and location of court \_\_\_\_\_  
 e. Court docket or index number (if any) \_\_\_\_\_

14. If you are completing this Proof of Claim as a Third Party Claimant against an insured of The Home, you must conditionally release your claim against the insured by signing the following, as required by N.H. Rev. Stat. Ann. § 402-C:40 I:

I, \_\_\_\_\_ (insert claimant's name), in consideration of the right to bring a claim against The Home, on behalf of myself, my officers, directors, employees, successors, heirs, assigns, administrators, executors, and personal representatives hereby release and discharge \_\_\_\_\_ (insert name of defendant(s) insured by The Home), and his/her/its officers, directors, employees, successors, heirs, assigns, administrators, executors, and personal representatives, from liability on the cause(es) of action that forms the basis for my claim against The Home in the amount of the limit of the applicable policy provided by The Home; provided, however, that this release shall be void if the insurance coverage provided by The Home is avoided by the Liquidator.

\_\_\_\_\_  
 Claimant's signature

\_\_\_\_\_  
 Date

15. All claimants must complete the following:

I, \_\_\_\_\_ (insert individual claimant's name or name of person completing this form for a legal entity) subscribe and affirm as true, under the penalty of perjury as follows: that I have read the foregoing proof of claim and know the contents thereof, that this claim in the amount of \_\_\_\_\_ dollars (\$ \_\_\_\_\_) against The Home is justly owed, except as stated in item 9 above, and that the matters set forth in this Proof of Claim are true to the best of my knowledge and belief. I also certify that no part of this claim has been sold or assigned to a third party.

\_\_\_\_\_  
 Claimant's signature

\_\_\_\_\_  
 Date

*Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.*

16. Send this completed Proof of Claim Form, postmarked by **June 13, 2004**, to:

The Home Insurance Company in Liquidation  
 P.O. Box 1720  
 Manchester, New Hampshire 03105-1720

**You should complete and send this form if you believe you have an actual or potential claim against The Home even if the amount of the claim is presently uncertain.**